

State of Alaska
Department of Health & Social Services
Division of Health Care Services
Certification and Licensing
Mandatory Incident/Notification Report
7AAC 75, 7AAC 10, AS 47.32

Name of Resident : _____ Date of Report: _____

Name of Person Reporting: _____ Date and Time of Incident: _____

Location of Incident: _____

Incident Observed by: _____

Name/Phone of Home _____

Reports to the Department Required by 7AAC 75.340, & AAC 10.1010 and AS 47.32. 200 (check all that apply)

Within 24 Hours

- ☐ Allegation or suspicion of abuse, neglect, exploitation, misappropriation of resident's money or property
- ☐ Administrator, employee, volunteer or household member is charged with or convicted of an offense
- ☐ Home unable to correct a violation constituting an emergency
- ☐ Resident dies of other than a natural cause
- ☐ Physical Restraint is used that is not approved by the Department
- ☐ Fire or other emergency affects the home. (Full detailed and written report due in 5 days)
- ☐ Aggressive behavior or biting by animal (include information about contact with animal control)

Within 48 hours

- ☐ Medical emergency, serious injury or accident (include information if hospitalization over 24 hours also occurred)
- ☐ Resident involved in assaultive behavior that resulted in the need for medical treatment or police involvement
- ☐ Resident is absent from the home for 24 hours or longer without prior notice to the home.

Within 72 hours not less than 24 hours

- ☐ Before involuntary termination of service contract for medical reasons or transfer ordered by physician.

Within 5 days

- ☐ Physical Restraint is used

14 days prior

- ☐ Change in Home's mailing address

Not less than 20 days

- ☐ License relinquished by Home

Not more than one day

- ☐ After signing contract of sale for the licensed entity

Not less than 30 days before

- ☐ Entity changes location
- ☐ A rate increase
- ☐ Residential Service contract is involuntarily terminated under AS 47.33.360(a)(2), (a)(3), (a)(5) or (a)(6)
- ☐ Service Contract is amended to include required advance payment

Description of Incident/Emergency: _____

Describe precipitating circumstances: _____

Describe action(s) taken: _____

Follow up action to be taken: _____

MANDATORY NOTIFICATIONS: (Please print)

Name of Resident’s Physician Notified ☐ **Phone** ☐ **Email** ☐ **Fax** ☐ **In Person** Date and Time Notified

Name of Resident’s Representative Notified ☐ **Phone** ☐ **Email** ☐ **Fax** ☐ **In Person** Date and Time Notified

Name of Placing/Referral Agency Personnel Notified ☐ **Phone** ☐ **Email** ☐ **Fax** ☐ **In Person** Date and Time Notified

Name of Licensing Specialist Notified ☐ **Phone** ☐ **Email** ☐ **Fax** ☐ **In Person** Date and Time Notified

Date and Signature of Person Completing Incident Report: _____